

Well received at the
2007 ISPA Conference

Developed by the
National Association of
School Psychologists



Participants receive a
course handbook, forms,
and a CD of additional
resources.

Seats are limited so
register early!

A Professional
Development Credit will
be offered through the
University of Idaho.
Course description and
registration paperwork
will be available at the
workshop.

Coming to your area this Fall!



Workshop 2

Crisis Intervention and Recovery: The Roles of School-Based Mental Health Professionals

Presented by Cathy Doherty and Ray James, the only Idaho School Psychologists trained by NASP to teach the PREPaRE curriculum and sponsored in part by Safe and Drug-Free Schools of the Idaho Department of Education.

This course is in response to a great deal of interest from throughout the state and is open to all School Psychologists, Counselors, and Crisis Team Members. Check below for dates, times, and locations for your area.

Northern Idaho

Date: September 15 & 16
Time: 8:00 to 4:30
Location: Silver Lake Motel Convention & Banquet Center
6160 Sunshine St., Coeur d'Alene, Idaho 83815
Lunch: On your own

Eastern Idaho

Date: October 16 & 17
Time: 8:00 to 4:30
Location: Idaho State University, Student Union Building
3rd Floor, South Fork Room
Lunch: On your own

South Western Idaho

Date: November 7 & 8 (Meridian School District Only)
Time: 8:00 to 4:30
Location: Meridian District Services Center
Lunch: On your own
Contact: Jeanne Buschine

Date: December 5 & 6
Time: 8:00 to 4:30
Location: Meridian District Services Center
Lunch: On your own

Registration and payment are due by August 31, 2008.

Complete the Following Form To Register

Mail completed registration
form and payment method to:

Cirstin Zimmermann
12540 W. Auckland St.
Boise, Idaho, 83709

If you need special accommo-
dations please contact Cirstin
Zimmermann at the email
address below.

Workshop Fee: ~~\$135~~

\$105

New fee! Thanks to being
partially sponsored by Safe
and Drug-Free Schools.

Payment Method: ☐ Check Enclosed ☐ District Purchase Order

Name (first & last): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ School Phone: _____

Home Email Address: _____

School Email Address: _____

School Name: _____

School District and #: _____